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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		506812000120	Ta.
First Inventor		John V TYRRELL, Patricia R BERGQUIST, Peter L. BERGQUIST, Christopher A. SCHOLIN	Ø
Title	COMPOSITIO	NS AND METHODS FOR DETECTING RAPHIDOPHYTES	72 U

(Only for new nonprovisional applications under 37 CFR 1.53(b))

CFR 1.53(b)) Express Mail Label No. EL209765284US

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Date of Deposit: February 9, 2001

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	APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	,	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231					
1. X	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an onginal, and a duplicate for fee processing)	7.	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)					
2. 🗷	Applicant claims small entity status. See 37 CFR 1 27	8.	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)					
3. 🕱	Specification [Total Pages 49]	a.	Computer Readable Form (CRF)					
	(preferred arrangement set forth below) - Descriptive title of the Invention	b.	Specification Sequence Listing on					
	Cross Reference to Related Applications Statement Regarding Fed sponsored R & D		i. □ CD-ROM or CD-R (2 copies); or ii. 囤 paper - 9 pgs					
1	Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention	C.	Statements verifying identify of above copies - 1 pg					
	- Brief Summary of the Invention - Brief Description of the Drawings (if filed)		ACCOMPANYING APPLICATION PARTS					
1	- Detailed Description - Claim(s)	9.	Assignment Papers (cover sheet & document(s))					
	- Abstract of the Disclosure	10. 🗶	37 CFR 3 73(b) Statement (where there is an assignee) Power of Attorney - 3 pgs					
4.	Drawing(s) (35 USC 113) [Total Sheets -0-]	11.	English Translation document (if applicable)					
5.	Oath or Declaration [Total Pages 2]	12. 🗶	Information Disclosure Statement (IDS) - 27 CITED only - no copies of citations					
	a. Newly executed (original or copy) COPY	13.	Preliminary Amendment					
	b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/drivisional with Box 17 completed)	14. 🗴	Return Receipt Postcard (MPEP 503) Should be specifically itemized)					
	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1 63(d)(2) and 1 33(b)	15.	Certified Copy of Priority Document(s) (if foreign priority is claimed)					
	produpplicated, etco of the ecopy, and a coopy	16.	Request and Certification under 35 U.S.C. 122(b)(2)(B)(i) Applicant must attach form PTO/SB/35 or its equivalent.					
			1. Copy of Petition for Extension of Time from parent application Serial No. 09/596,136 - 2 pgs					
6. 🗷	6. X Application Data Sheet. See 37 CFR 1.76 -2 pgs 17. X Other 2. Fee Transmittal for 2001 - 1 pg 3. Applin Fee Determination Record - 1 pg							
18. If a	4. Check in the amount of \$615.00 filling fee 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet							
1	under 37 CFR 1 76							
			P) of prior application No: <u>09/596,136 filed</u>					
	e 16, 2000 which was a non-provisional of Provisi							
	• •		oup / Art Unit: 1655					
disclosu	NTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, for the accompanying continuation or divisional application and is hereby incorporate tently omitted from the submitted application parts.							

sf-1046306

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City	San Francisco		State	CALIFORNIA	Zip Cod	le 94105-2482
Country	U.S.A.		Telephone	415/268-6237	Fa	x 415/268-7522
Name (Print/Type)	MICHAEL			Registration No. (Attorney	//Agent)	38,651
Signature	wice	rae(R·h	Jarch		Date February 9, 200	1

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PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 506812000120 SMALL ENTITY OR OTHER THAN CLAIMS AS FILED - PART I CIP OF 09/596,136 FILED 6/16/2000 SMALL ENTIT (Column 1) (Column 2)

	(Colular 1)	(001411312)					
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	7	RATE	FEE
BASIC FEE (37 CFR 1 16(a))	2.0010.2004.7123.442			\$355.00	OR		\$710.00
TOTAL CLAIMS (37 CFR 1.16(c))	40 minus 20 =	20	x\$9.00	\$180.00	OR	\$18.00	\$*
INDEPENDENT CLAIMS (37 CFR 1 16(b))	5 minus 3 =	2	x\$40 00	\$ 80.00	OR	\$80.00	\$*
MULTIPLE DEPENDENT CLAIM	A PRESENT (37 CFR	1.16(d))	+\$135.00	\$ -0-	OR	\$270.00	\$*
If the different in column 1 is less than	zero, enter "0" in column 2		TOTAL	\$615.00	OR	TOTAL	\$

	(CLAIMS AS AMI (Column 1)	ENDED -	PART II (Column 2)	(Column 3)
ГА		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT A	Total (37 CFR 1 16(c))		Minus		=*
MEN	Independent (37 CFR 1 16(b))		Minus		=*
1	FIRST PRESENT.	ATION OF MULTIPL	E DEPENDI	ENT CLAIM (3	7 CFR 1.16(d))

		SMALL	ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$9.00	\$*	OR	\$18 00	\$*
x\$40.00	\$*	OR	\$80 00	\$*
+\$135.00	\$*	OR	+\$270.00	\$*
TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

OR

OTHER THAN

SMALL ENTITY

		(Column 1)		(Column 2)	(Column 3)
ГВ		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total (37 CFR 1 16(e))		Minus		=*
MENI	Independent (37 CFR 1 16(b))		Minus		⇒ *
ď	FIRST PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAIM (37	7 CFR 1 16(d))

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$9.00	\$*	OR	\$18.00	\$*
x\$40.00	\$*	OR	\$80.00	\$*
+\$135.00	\$*	OR	+\$270.00	\$*
TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT. FEE	\$*

		(Column 1)		(Column 2)	(Column 3)
ľC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total (37 CFR 1 16(c))		Minus		_*
MENI	Independent (37 CFR 1 16(b))		Minus		=*
	FIRST PRESENT	ATION OF MULTIP	LE DEPENI	DENT CLAIM (3	7 CFR 1.16(d))

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$9.00	\$*	OR	\$18.00	\$*
x\$40.00	\$*	OR	\$80.00	\$*
+\$135.00	\$*	OR	+\$270.00	\$*
TOTAL ADDIT. FEE	\$*	OR	TOTAL ADDIT FEE	\$*

If the entry in column 1 is less than the entry in column 2, write "0" in column 3
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

Burden Hours Statement This form is estimated to take 0.2 hours to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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